



Loan Application

Student Information Sheet

BORROWER SECTION

Last Name		First Name		MI	Social Security Number - - - - -
Permanent Street Address			Telephone Number +1 ()		Date of birth (month/day/year)
City	State	Zip Code	Drivers License (list state abbrev. first)		Bond University Student ID#
Degree applied for (e.g. Master of Business Administration)			Email address:		

LOAN ASSISTANCE REQUESTED

1. I request the following loan type(s), to the extent I am eligible:

Direct Subsidized Loan only
 Direct Unsubsidized Loan only
 Direct Subsidized and Direct Unsubsidized Loan
 Direct PLUS Loan

2. The amount of Direct Subsidized and/or Unsubsidized Loans I would like to borrow is:

Full amount of Loans for which I am eligible
 Loans up to a maximum of USD\$ _____

3. The amount of Direct PLUS Loans I would like to borrow is:

Full amount for which I am eligible
 PLUS loan up to a maximum of USD\$ _____

4. I hold the following dual citizenship:

5. I live:

With my parents and do not have dependants Not with my parents & do not have dependants
 With my parents and have dependants Not with my parents and have dependants

6. **DATE YOU EXPECT TO GRADUATE:** _____ (month/year)

7. I have applied for or been awarded the following scholarships or bursaries:

8. Declaration:

- I declare that the information on this form is complete and correct.
- I understand that I am responsible for managing my debt levels and must use the loan money for authorized educational expenses for attendance at Bond University.
- I give authorization for the University to use the disbursements to pay current University charges other than tuition fees, such as the Student Activity Fee and On-Campus Residential Fees, if applicable.
- I authorize Bond University to have the information contained in this form confirmed with any relevant Australian or New Zealand state or federal government department, employer or educational institution
- I agree and acknowledge that I may be required to pay back funds to Bond University if, through my actions whilst studying at this institution, they may have been required to reimburse funds to the US Department of Education
- I am aware that it is my obligation to notify the Financial Aid Administrator of Bond University of any change to my circumstances in relation to application for access to US Federal Aid within 5 days

Borrower's signature _____ Today's date _____
(month/day/year)

SCHOOL DETAILS SECTION

School Name Bond University	School Code G30954	Contact Person Financial Aid Officer
Address c/- Office of Student Administration	City, State, Post Code Gold Coast QLD 4229	Country Australia
Telephone Number +61 7 5595 1123	Fax Number +61 7 5595 1747	Email Financial.aid@.bond.edu.au

Bond University (BU) may collect personal information about you, including the information on this form. BU collects this information for the purpose of providing services to you and facilitating BU's internal business operations, including the fulfilment of any legal requirements. If the personal information you provide to BU is incomplete and / or inaccurate, BU may be unable to provide you with the services you are seeking. You may access the personal information BU holds about you in accordance with BU's privacy policy at www.bond.edu.au